| SIRTH NO | FILED MAR | 20 1950 | THE DIVISION OF HE STANDARD CERTII | | | 8694 | | |
|--|--|---|--|---|--|-------------------------------------|--|--|
| D. CHTY CH switche corporate United. write RURAL and give to correlating to Total KANSAS CITY D. CHTY CH switched corporate United. Will switch and corporate United. Corpora | SIRTH NO | | 1110 | | | α | | |
| b. CITY (if ocusteds corporate limits, write BUBAL and give correction of Torm KANSAS CITY Comparison of Compar | I. PLACE OF DEA | ТН | | a. STATE MISSOURI | b. COUNTY JACKS | | | |
| ADDRESS 1917 Montgall Avenue 3. NAME OF DECEASED A. (First) b. (Middle) c. (Last) d. DATE (Montgall) A. (Date) (Day) (V. DECEASED T. DECEASED C. (Last) b. (Middle) c. (Last) d. DATE (Montgall) d. DATE d. | OR 17.4370 | | township) STAY (in this place | C. CITY (If outside corno | | dip) | | |
| CRAVES DEATH FEBRUARY 17 195 DEATH FEBRUARY 17 195 | d. FULL NAME OF (I HOSPITAL OR INSTITUTION | GENERAL H | ditution, give street address or location) OSPITAL #2 | | | 53 | | |
| MIDOWED JUNE 12 1875 71. | DECEASED | | b. (Middle) | • • | | | | |
| 100. ISUAL OCCUPATION (Cirva bind of work and of work and discondinating period working life, went if well-work and the country of and thought and the country of a | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 1 | iast birthday) Months | | | |
| RUSH HENDERSON RECTIFIED TO A SECURITY RUSH HENDERSON RUSH HENDERSON RECTIFIED TO A SECURITY RUSH HENDERSON RUSH RUSH HENDERSON RUSH RUSH RUSH RUSH RUSH RUSH RUSH RUSH | 10a. USUAL OCCUPATIO done during most of workin AT HOME | N (Give kind of work g life, even if retired) | 10b. KIND OF BUSINESS OR IN- DUSTRY | 11. BIRTHPLACE (State of RUTHERFORD C | r foreign country) COUNTY, TENNESSEE | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. OLLIE SMEDLER 2734 Highland Avenue NO. OLLIE SMEDLER 2734 Highland Avenue OLLIE SMEDLER 2734 Highland Avenue OLLIE SMEDLER 2734 Highland Avenue MEDICAL CERTIFICATION OLICE SMEDLER 2734 HIGHLAND OLICE SMEDLER 2734 HIGHL | | | | NAME | | · - | | |
| NO OLLIE SMEDLER 2734 Highland Avenue No SMEDIAL CERTIFICATION No OLLIE SMEDLER 2734 Highland Avenue No SMEDIAL CERTIFICATION No OLLIE SMEDLER 2734 Highland Avenue No SMEDIAL CERTIFICATION NOT SMEDIAL CERTIFICATION NOT SMEDIAL CERTIFICATION NOT SMEDIAL CERTIFICATION NOT SMEDIAL CERTIFICATION NO SMEDIAL CERTIFICATION NOT SMEDIAL CERTIFICATION NO SMEDLER SMEDL | | | | ·1 -22 11 12 11 12 1 | | | | |
| IB. CAUSE OF DEATH Enter only one cause of the mode of dying, such as heart failure, cathenia, tee. It means the discase, injurp, or compileation which caused death. TOUR DEFORM TION 19a. DATE OF OPERA. TION 21a. ACCIDENT SUICIDE 19b. MAJOR FINDINGS OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. INJURY 21d. TIME (Month) (Day) (Year) 19c. INJURY (Day) (Year) 21d. Time (Month) (Day) (Year) 21d. Thereby certify that I attended the deceased from 2-2- 19 50 to 2-17- 1950, that I last saw the decline on the day of the death death occurred at 5:25P m., from the causes and on the date stated above. 22a. STEPRATURE (Reported) 22b. PLACE OF INJURY (See of thick) (Day) (Year) 22c. NAME OF CEMETERY OR CREMATORY 22d. DATE S 24d. DATE TION 25d. NAME OF CEMETERY OR CREMATORY 26d. NAME OF CEMETERY OR CREMATORY 27d. NAME OF CEMETERY OR CREMAT | (Yee, no. or unknown) (If: | | f service) NO. | | | Address Avenue | | |
| DUE TO (c) ARTI ERITOS CERROTTO HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. SENILITY 19a. DATE OF OPERATION 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21d. INME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED AT WORK AT WORK 22 I hereby certify that I attended the deceased from 2-2- , 19 50 to 2-17- , 1950 , that I last saw the dealive of 2-17 and that death occurred at 5:25P m., from the causes and on the date stated above. 22a. SIGNIFIAL CREMA STAND (Degree or title) 23b. ADDRESS 600 East 22nd Street 22b. DATE STON REMOVAL (Bosentry) 2/22/50 Lincoln Cemetery Kansas City, Missour Address BURIAL CREMA 2/22/50 Lincoln Cemetery Kansas City, Missour Address 25. FUNERAL DIRECTOR'S SIGNATURE Address 26. CALSON CONTROLLED | Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, | ANTECEDENT CAL Morbid conditions, rise to the above can | NDITION NG TO DEATH*(a) UREMIA USES if any, giving DUE TO (b) GEN use (a) stating te last. | CLINICAL) PERIONEPHROSCLE PERALIZED ARTER | RIOSCLEROSIS | ONSET AND DEATH | | |
| TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY. 21b. PLACE OF INJURY (e.g., in or about bome, larm, factory, street, office bidg., etc.) 10 | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY | | | | | | |
| SUICIDE HOMICIDE 10d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 11d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 12d. I hereby certify that I attended the deceased from 2-2-, 19 50 to 2-17-, 1950, that I last saw the deceased alive on 2-17, 1950, and that death occurred at 5:25P m., from the causes and on the date stated above. 12d. BURIAL CREMA- (Specify) 2/22/50 Lincoln Cemetery or Crematory 24d. Location (City, town, or county) (Burial 2/22/50 Lincoln Cemetery Kansas City Missour 25. Funeral Director's signature Address 25. Funeral Director's signature Address 25. Funeral Director's signature Address 26. Name of Cemetery 25. Funeral Director's signature Address 25. Funeral Director's signature 25. Funeral Director's signature Address 26. Name of Cemetery 25. Funeral Director's signature 26. Name of Cemetery 26. Funeral Director's signature 26. F | 19a. DATE OF OPERA- | 19b. MAJOR FIND | INGS OF OPERATION | | 4200 | 20. AUTOPSY? | | |
| WHILE AT WORK NOT WHILE 2. I hereby certify that I attended the deceased from 2-2-, 19 50 to 2-17-, 1950, that I last saw the decalive on 2-18, 19 50, and that death occurred at 5:25P m., from the causes and on the date stated above. 23a. STENDATURE E Crank Elli MD (Degree or title) 23b. ADDRESS 600 East 22nd Street 2-18 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (City, town, or county) (B. 10 19 19 19 19 19 19 19 19 19 19 19 19 19 | 21a. ACCIDENT SUICIDE HOMICIDE | | | 21c. (CITY, TOWN, OR T | OWNSHIP) (COUNTY) | _ (STATE) | | |
| alive of 2-17, 19 50, and that death occurred at 5:25P m., from the causes and on the date stated above. 23a. STENRATURE E Trank Elli MD (Degree or title) 23b. ADDRESS 23c. DATE 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (City, town, or county) 2/22/50 Lincoln Cemetery Kansas City Missour 25. Funeral Director's Signature 25. Funeral Direc | OF | (Day) (Year) (H | WHILEAT - NOT WHILE | 217, HOW DID INJURY (| OCCUR7 | | | |
| 24a. BURIAL CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY. 24d. LOCATION (City, town, or county) (STON, REMOVAL (Specify) 2/22/50 Lincoln Cemetery Kansas City, Missour DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REG. 243-550 Challed Language Lang | | hat I attended th Z, 19 <u>5</u> 0 | e deceased from2=2= _, and that death occurred at | , 1950 to2= 5:25P_ m., from the | -17— , 1950 , that I las e causes and on the date state | d above. | | |
| 24a. BURIAL CREMA- TION, REMOVAL (Speedty) Burial (1) 2/22/50 Lincoln Cemetery (Speedty) DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE 24b. DATE Lincoln Cemetery Kansas City, Missour Experiment Director's signature Abdress 25. Funeral Director's signature Address 27.2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 23s. SIGNATURE I | | 11 (Degree or title) | |) | 23c. DATE SIGNED | | |
| TION REMOVAL (Specify) Burial 2/22/50 Lincoln Cemetery Kansas City, Missour Date rec'd by Local Registrar's signature 25. Funeral Director's signature Address 1-13-50 Chalding Holmes Wathers Funeral Director's signature Address | <u> </u> | / · Y | | /1 | | 2-18-50 | | |
| 2-23-50 Oleralding Holmen Wathern Bran. 1729 Lydes | <u>Burial (</u> | /1 2/22/50 | Lincoln Co | emetery | Kansas City. M | issouri_ | | |
| (Licensed Embalmer's Statement on Reverse Side) | A - 1.3 - 50 | O'LL | ldine Holmes | Wathers ? | Buns. 17290 | Lydia) | | |

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the re- | verse side of this co | ertificate was embalr | ned by me, or by |
|--|-----------------------|-----------------------|------------------|
| working under my personal supervision. | | Student Embelmer | No |

Student Embalmer

Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.